



**STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES**

JAMES K. POLK BUILDING
505 DEADERICK STREET
NASHVILLE, TENNESSEE 37243-1403

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BILL LEE
GOVERNOR

DANIELLE W. BARNES
COMMISSIONER

October 9, 2019

Ms. Nikiel Winston, Executive Director - CEO
Healthy Life Sports Camp
1922 Pendleton Street
Memphis, Tennessee 38114-4954

Dear Ms. Winston,

The Department of Human Services (DHS) - Division of Audit Services staff conducted an unannounced on-site monitoring review of the Summer Food Service Program (SFSP) at Healthy Life Sports Camp (Sponsor), Application Agreement number 00715, on August 27, 2019. The purpose of this review was to determine if the Sponsor complied with *Title 7 of the Code of Federal Regulations (CFR)* applicable parts, applicable agreement, and applicable Federal and State Regulations.

Based on our review of the Sponsor's records and information provided, the Sponsor had one feeding site operating during the June 2019, review period. New Hope Baptist Church/RJM Family Life Center was selected for the sample sites. However, more feeding sites were added in the July 2019 and the review was expanded to include all feeding sites and the claims for reimbursement for June through August 2019. We reviewed meal counts, training, delivery tickets, monitoring and racial and ethnic data for all sites operating during the review period.

Background

SFSP Sponsors utilize meal count sheets to record the number of breakfast, lunch, supper, and supplement meals served. Meals served by participating Sponsors must meet the minimum guidelines set by the United States Department of Agriculture (USDA) and DHS to be eligible for reimbursement. The SFSP Sponsor reports the number of meals served through the DHS Tennessee Information Payment System (TIPS) for reimbursement.

We inspected meal counts sheets for our test period and reconciled the meals claimed to the meals reported as served for each meal service. We also assessed compliance with civil rights requirement. In addition, we observed a lunch meal service during our on-site visit on June 25, 2019.

Our review of the Sponsor's records for review period disclosed the following:

1. The Sponsor reported the number of meals served incorrectly

Condition

The claim reimbursement summary for July 2019 reported 200 first breakfast meals, zero second breakfast meals, 1,463 first lunch meals, 29 second lunch meals, 330 first supplements, zero second supplements, 241 first supper meals, and five second supper meals. However, our review of the available records, we reconciled 200 breakfast meals, zero second breakfast meals, 1,508 lunch meals, 30 second lunch meals, 330 first supplements, zero second supplements, 231 supper meals, and five second supper meals prior to any meal disallowances. The differences were based on the following:

New Hope Baptist Church 0001

The claim for reimbursement for July 2019 reported 241 first supper meals and five second meals. However, our review of the available records reconciled 231 first supper meals and five second meals prior to any meal disallowances.

As a result, the Sponsor over-reported 10 first supper meals. (See Exhibit D)

MLK College Prep High School 0002

The claim for reimbursement for July 2019 reported 820 first lunch meals, 16 second lunch meals, 180 supplements, and zero second supplements. However, our review of the available records reconciled 865 first lunch meals, 17 second lunch meals, 180 supplements, and zero second supplements prior to any meal disallowances.

As a result, the Sponsor underreported 45 first lunch meals.
(See Exhibit E)

Note: please note that we did not disallow in our conclusion on 2nd meals or 2nd supplements since TIPS caps the number of 2nd meals allowed for reimbursement. The disallowance is only based on 1st meals or 1st supplements claimed without proper supporting documentation

Criteria

Title 7 of the Code of Federal Regulations, Section 225.9 (d)(5) states, "... In submitting a claim for reimbursement, each sponsor shall certify that the claim is correct and that records are available to support this claim..."

Title 7 of the Code of Federal Regulations, Section 225.15(c)(1) states, "Sponsors shall maintain accurate records justifying all meals claimed and documenting that all Program funds were spent only on allowable Child Nutrition Program costs. Failure to maintain such records may be grounds for denial of reimbursement for meals served and/or administrative costs claimed during the period covered by the records in question. The sponsor's records shall be available at all times for inspection and audit by representatives of the Secretary, the Comptroller General of the United States, and the State agency for a period of three years following the date of submission of the final claim for reimbursement for the fiscal year."

Recommendation

The Sponsor should ensure that claims for reimbursement are completed correctly and based on accurate supporting documents.

2. The Sponsor the number of supper meal claimed incorrectly

Condition

At New Hope Baptist Church/RJM Family Life Center on June 18, 2019, the supper meal count sheet showed 15 first supper meals and two second supper meals served. However, based on our review of the records, we reconciled 17 first supper meals and two second supper meals.

The Sponsor underreported the first supper meals by two. (See Exhibit B)

Note: please note that we did not disallow in our conclusion on 2nd meals since TIPS caps the number of 2nd meals allowed for reimbursement. The disallowance is only based on 1st meals claimed without proper supporting documentation

Criteria

The USDA Administration Guide Summer Food Service Program, page 112 states, “Only complete meals served to eligible children can be claimed for reimbursement. Therefore, meals must be counted at the actual point of service, i.e., meals are counted as they are served, to ensure that an accurate count of meals served is obtained and reported...”

Recommendation

The Sponsor should ensure that meal count are documented and claimed accurately.

3. The Sponsor provided menus that did not meet the USDA meal pattern requirements

Condition

Based on our review of the Sponsor’s menus for the review period we noted the following deficiencies:

Date	Site	Menu	Type of Meal	Number of Meals
07/22/19	New Hope Baptist Church/RJM Family Life Center	Menu Listed: Beef Hotdog, BBQ Beans, Fruit Option, Milk Deficiency: No grain listed	Supper	9
07/26/19	New Hope Baptist Church/RJM Family Life Center	Menu listed: Cheese pizza, juice box, fresh fruit and milk Deficiency: No CN label provided for pizza	Supper	7
07/29/19	New Hope Baptist Church/RJM Family Life Center	Menu listed: Cheese pizza, banana, pear cups, and milk Deficiency: No CN labeled provided for pizza	Supper	7

08/05/19	MLK College Prep High School	Menu listed: Banana and apple sauce Deficiency: Missing second creditable component	PM Supplement	45
08/07/19	MLK College Prep High School	Menu listed: Banana and apple sauce Deficiency: Missing second creditable component	PM Supplement	45
08/08/19	MLK College Prep High School	Menu listed: Banana and apple sauce Deficiency: Missing second creditable component	PM Supplement	45

As a result, 23 first supper meals, (See Exhibit D) and 135 PM supplements served were disallowed. (See Exhibit E)

Criteria

The *United States Department of Agriculture Food and Nutrition Service Code of Federal Regulations 7 CFR Section 225.16 (d) (1) (2) (3)* states, "Sponsors shall ensure that meals served meet all of the meal pattern requirements."

The USDA Crediting Foods in the Child and Adult Care Food Program, page 62, states, "... Because of the uncertainty of the actual amount of meat/meat alternate contained in these products, they should not be used unless (1) they are CN-labeled; or (2) you obtain a Product Formulation Statement signed by an official of the manufacturer (not a sales person) that shows how the crediting has been determined..." (Frozen/Commercially Prepared)

Recommendation

The Sponsor should ensure the menus meet the USDA meal pattern requirements for reimbursable meals.

4. The Sponsor's meal count sheets did not reconcile to the meal delivery tickets

Condition

Based on our review of the delivery tickets and meal count sheet provided, we noted that the meal count sheet for meal claimed for reimbursement did not match the number of meals documented on the delivery tickets for the following feeding sites:

MLK College Prep High School did not provide delivery tickets for lunch meals on July 22, 2019, for 45 lunch meals claimed or for 41 first lunch meals and 4 second lunch meals claimed on August 1, 2019. The August 2, 2019 lunch meals delivery ticket showed 45 meals delivered, however, the meal count sheet showed that 65 received and served. As a result, 106 first lunch meals claimed for reimbursement were disallowed. (See Exhibit E)

Princeton James Enrichment Center @Abundant Grace Fellowship Church did not provide breakfast meals delivery tickets for July 18 and July 19, 2019. As a result, 86 breakfast meals claimed for reimbursement were disallowed. (See Exhibit F)

Criteria

The USDA FNS Summer Food Service Program 2016 Administration Guidance for Sponsors, page 139, states “A designated member of the site staff must verify the adequacy and number of meals delivered by checking the meals when they are delivered to the site

- Vended programs must support this information with a signed delivery receipt
- Programs with a central kitchen should also support this information with a signed delivery receipt for good Program management.”

Recommendation

The Sponsor should ensure all feeding site personnel are counting the meals received and served accurately and supporting data for meals claimed for reimbursement is available upon request.

5. The Sponsor did not conduct monitoring of its feeding sites as required

Condition

The Sponsor did not provide documentation of first week monitoring at Princeton James Enrichment Center @Abundant Grace Fellowship. Also, the monitoring form was not signed by site personnel or the Sponsor’s monitor for the first four week monitoring completed at Operation Taking Back 901@Hollywood Community Center.

Criteria

The USDA FNS Code of Federal Regulations 7 CFR Section 225.15 (d) (3) states “Sponsors shall review food service operations at each site at least once during the first four weeks of Program operations, and thereafter shall maintain a reasonable level of site monitoring. Sponsors shall complete a monitoring form developed by the State agency during the conduct of these reviews.”

The United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) Summer Food Service Program 2016 Administration Guide for Sponsors, page 118, states,

“Sponsors must conduct a review of the food service at least once in the first four weeks of Program operations. If a site operates less than four weeks, the sponsor must still conduct a review. After this initial period, sponsors must conduct a “reasonable” level of monitoring.”

Recommendation

The Sponsor should complete all required monitoring of feeding sites and the monitoring forms completed properly.

6. The Sponsor did not complete the Racial and Ethnic Data for several feeding sites

Condition

The Sponsor did not provide documentation to show that racial ethnic data was completed for at MLK Prep High School, Princeton James Enrichment Center @Abundant Grace Fellowship, Operation Taking Back 901@Hollywood Community Center, and Professional Tax Solutions

@Orange Mound Community Center Back to School Event.

Criteria

The USDA FNS Code of Federal Regulations 7 CFR Section 225.7 (g)(1) states, "Each State Agency shall comply with all requirements of title VI of the Civil Rights Act of 1964, title IX of the Education Amendments of 1972, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Department's regulations concerning nondiscrimination (7 CFR parts 15, 15a and 15b), including requirements for racial and ethnic participation data collection, public notification of the nondiscrimination policy, and reviews to assure compliance with such policy, to the end that no person shall, on the grounds of race, color, national origin, sex, age, or disability, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under, the Program."

The United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) Summer Food Service Program 2016 Administration Guide for Sponsors, page 122, states, "Each year, every sponsor must determine the number of potentially eligible participants by racial/ ethnic category for the area served. This information may be obtained from census data or public school enrollment data. The sponsor also must collect ethnic/racial category data each year by ethnic/racial category for each site under the sponsor's jurisdiction. Sponsors of residential camps must collect and maintain this information separately for each session of the camp. For all other sites, the sponsor must count the participating children at least once during the site's operation."

Recommendation

The Sponsor should complete the Racial and Ethnic Data Form at all sites during the site's operation.

7. The Sponsor did not take the opportunity to avoid paying sales tax

Condition

The Sponsor paid \$22.54 in sales taxes for seven purchases in June 2019, \$63.79 for 20 purchases in July 2019, and \$16.76 for six purchases in August 2019. As a non-profit tax exempt agency, the Sponsor has not taken the steps to avoid paying sales taxes where applicable

Criteria

The Internal Revenue Service grants federal tax-exempt status to charitable organization that meets the requirements of section 501(c)(3) of the tax code. Nonprofit status is conferred under state laws. In some states, nonprofit organizations are eligible for exemptions from sales taxes. Tennessee Department of Revenue (Sales and Use Tax Guide) Page 42, states "this certificate (Certificate of Exemption from for nonprofit organization and institutions) is used by non-governmental organizations, that have been issued a certification of exemption by the Commissioner of Revenue to purchase free of tax goods and taxable service that the organizations will use, consume..."

Recommendation

The Sponsor should implement procedures to avoid paying sales taxes.

8. The Sponsor's menu did not specify some of the components served

Condition

The Sponsor provided menus that did not show what type of fruit that was served or if the juice served was a 100% juice.

Criteria

Food & Nutrition Service (FNS) 796-2, Rev. 4, states, "Menu records that identify the meal components served to participants must be maintained. Menu records must be updated to reflect changes to planned menus so that the menu records reflect the actual meal components and foods service to participants."

Recommendation

The Sponsor should ensure that the type of food served is listed on the menu.

9. The number of operational days reported was incorrect.

Condition

The Sponsor reported 19 days of operation for New Hope Baptist Church/RJM Family Life Center for July 2019, however, based on our review we reconciled 17 days of operation. Also, the Sponsor reported 18 days of operation for MLK College Prep High School for July 2019, however, based on our review we reconciled 19 days of operation.

Criteria

The *United States Department of Agriculture Food and Nutrition Service Code of Federal Regulations, 7 CFR Section 225.9 (d) (5)* states each sponsor shall certify that the claim is correct and that records are available to support this claim.

Recommendation

The Sponsor should ensure the reported number of operating days is correct for each feeding site.

10. The Sponsor did not maintain required documentation of SFSP training

Condition

The Sponsor did not have documentation to verify all staff were trained prior to completing SFSP duties. The Sponsor stated the staff was trained the same day staff completed Civil rights Training. The Sponsor provided a Civil rights log dated May 9, 2019.

Criteria

The *United States Department of Agriculture Food and Nutrition Service Code of Federal Regulations, 7 CFR Section 225.15(d) (1)* Each sponsor shall hold Program training sessions for its administrative and site personnel and shall allow no site to operate until personnel have attended at least one of these training sessions. ... Training of site personnel shall, at a minimum, include: the purpose of the Program; site eligibility; recordkeeping; site operations; meal pattern requirements; and the duties of a monitor. Each sponsor shall ensure that its administrative personnel attend State agency training provided to sponsors, and sponsors shall provide training throughout the summer to ensure that administrative personnel are thoroughly knowledgeable in all required areas of Program administration and operation and are provided with sufficient information to enable them to carry out their Program responsibilities. Each site shall have present at each meal service at least one person who has received this training.

The United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) Summer Food Service Program 2016 Administration Guide for Sponsors, page 109, states,

“Sponsors must document the attendance at site training sessions and schedule additional sessions for those staff that are absent.”

Recommendation

The Sponsor should maintain documentation of all required training.

11. The Sponsor did not provide documentation of the inventory records

Condition

The Sponsor did not provide documentation of the beginning and ending inventory for SFSP was completed.

Criteria

The United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) Summer Food Service Program 2016 Administration Guide for Sponsors, page 141, states,

“Records to support the cost of food used should include at minimum... Inventory records that show the kinds of food items on hand at the beginning and end of the inventory period, the quantity of each item, documented major inventory adjustments, and the total value of the beginning and ending inventory.”

Recommendation

The Sponsor should document and complete beginning and ending inventory.

Note:

Our observation of the lunch meal service on June 25, 2019, revealed no deficiencies.

Observation

The Sponsor did not have records stored at the 1922 Pendleton Memphis, Tennessee address

listed in TIPS. The records were located at the Sponsor's home in Southaven, Mississippi.

Technical Assistance

Technical Assistance was provided to the Sponsor regarding keeping all records at the address listed in TIPS, making copies of original receipts to avoid fading and documenting training.

Disallowed Meals Cost

Based on the review, we determined that the Sponsor's noncompliance with the applicable Federal and State regulations that govern the SFSP resulted in a total disallowed cost of \$697.16.

Corrective Action

The Sponsor must complete the following actions within 30 days from the date of this report:

- Log into the Tennessee Information Payment System (TIPS) and revise the claim submitted for June 2019 and July 2019, which contains the verified claim data from the enclosed exhibits.
- Remit a check payable to the ***Tennessee Department of Human Services*** in the amount noted in the report for recovery of the amounts disallowed in this report. ***Please return the attached billing notice with your check***, and
- Prepare and submit a corrective action plan to address the deficiencies identified in this report. The corrective action plan template is attached. Please return the corrective action plan to:

AuditServices.CAPS.DHS@tn.gov

If you have questions relative to the corrective action plan please contact:

Allette Vayda, Director of Operations
Summer Food Service Program
James K. Polk Building, 15th Floor
505 Deaderick Street
Nashville, Tennessee 37243
Allette.Vayda@tn.gov
(615) 313-3769

Please mail your check and the billing notice to:

Summer Food Service Program
Fiscal Services
James K. Polk Building, 16th Floor
505 Deaderick Street
Nashville, Tennessee 37243

In accordance with the federal regulation found at 7 CFR Part 225.13, your institution may appeal the amount of disallowed cost identified in this monitoring report. The procedures for

submitting an appeal are enclosed. The appeal must be submitted to:

Tennessee Department of Human Services
Appeals and Hearings Division, Clerk's Office
P.O. Box 198996
Nashville, TN 37219

If the Institution decides to appeal the amount of disallowed administrative and meals cost, all appeal procedures must be followed as failure to do so may result in the denial of your request for an appeal.

We appreciate the assistance provided during this review. If you have any questions regarding this report, please contact Sean Baker, Audit Director 2, at 615-313-4727 or Sean.Baker@tn.gov.

Sincerely,



Sam O. Alzoubi, CFE
Director of Audit Services

Exhibits

cc: Allette Vayda, Director of Operations, Summer Food Service Program
Debra Pasta, Program Manager, Summer Food Service Program
Elke Moore, Administrative Services Assistant 3, Summer Food Service Program
Constance Moore, Program Specialist, Summer Food Service Program
Marty Widner, Program Specialist, Summer Food Service Program
Comptroller of the Treasury, State of Tennessee

Exhibit A
Summary of Total Claimed and Reconciled Meals
Sponsor: Healthy Life Sports Camp
Review Month/Year: June 2019
Claim Reimbursement Total: \$463.74

Site Meal Service Activity	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	8	8
Number of Participating Sites for Supper Meal	1	1
Number of Supper 1 st Meals Served	113	115
Number of Allowable Supper 2 nd Meals Served	2	2

Exhibit B
Sponsor: Healthy Life Sports Camp
Site: 0001 New Hope Baptist Church/ RJM Family Life Center
Review Month/Year: June 2019

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled to Documentation
Total Number of Days Food Served	8	8
Number of 1 st Supper meals served	113	115
Number of Allowable 2 nd Supper meals served	2	2

Exhibit C
Summary of Total Claimed and Reconciled Meals
Sponsor: Healthy Life Sports Camp
Review Month/Year: July/August 2019
Claim Reimbursement Total: \$7,782.32

Site Meal Service Activity	Reported on Claim	Reconciled Meals to Meal Counts Sheets
Total Number of Days Food Served	19	19
Number of Participating Sites for Breakfast Meals	1	1

Number of Participating Sites for Lunch Meals	4	4
Number of Participating Sites for PM Supplements	2	2
Number of Participating Sites for Supper Meals	1	1
Number of Breakfast Meals Served	200	114
Number of Lunch Meals Served	1,463	1,402
Number of Allowable 2 nd Lunch Meals Served	29	27
Number of PM Supplements Served	330	195
Number of 1 st Supper Meals Served	241	209
Number of Allowable 2 nd Supper Meals Served	5	4

Exhibit D

Sponsor: Healthy Life Sports Camp

Site: 0001 New Hope Baptist Church RJM/Family Life Center (Sample)

Review Month/Year: July 2019

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled to Documentation
Total Number of Days Food Served	19	17
Number of 1 st Supper meals served	241	209
Number of 2 nd Supper meals served	5	4

Exhibit E

Sponsor: Healthy Life Sports Camp

Site: 0002 MLK College Prep High School

Review Month/Year: July/August 2019

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled to Documentation
Total Number of Days Food Served	18	13
Number of 1 st Lunch meals served	820	759
Number of Allowable 2 nd Lunch	16	14

meals served		
Number of 1 st Supplement meals served	180	45

Exhibit F

Sponsor: Healthy Life Sports Camp

Site: 0003 Princeton James Enrichment Center @Abundant Grace Fellowship Church

Review Month/Year: July 2019

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled to Documentation
Total Number of Days Food Served	5	5
Number of 1 st Breakfast meals served	200	114
Number of 1 st Lunch meals served	218	218

Exhibit G

Sponsor: Healthy Life Sports Camp

Site: 0004 Operation Take Back 901@ Hollywood Community Center

Review Month/Year: August 2019

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled to Documentation
Total Number of Days Food Served	1	1
Number of 1 st Lunch meals served	275	275

Exhibit H

Sponsor: Healthy Life Sports Camp

Site: 0006 Professional Tax Solutions @Orange Mound Community Center Back to School Event

Review Month/Year: August 2019

Site Meal Service Activity and Monitor Reconciliation	Reported on Claim	Reconciled to Documentation
Total Number of Days Food Served	1	1
Number of 1 st Lunch meals served	150	150
Number of 1 st Supplement meals served	150	150

Exhibit I

Overpayment Summary (June 2019 claim)

June Allowed or Disallowed Meals	X Meal Rate	Total Allowed/Disallowed
+2 Supper meals	\$4.0325	(\$8.07)
Total Overpayment		(\$8.07)

Exhibit J

Overpayment Summary (July/August 2019 combined claim)

July and August Allowed or Disallowed Meals	X Meal Rate	Total Allowed/Disallowed
-86 Breakfast meals	\$2.2975	\$197.59
-61 Lunch meals	\$4.0325	\$245.98
-135 Supplements	\$0.9525	\$128.59
-33 Supper meals	\$4.0325	\$133.07
Total Overpayment		\$705.23



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BILL LEE
GOVERNOR

DANIELLE W. BARNES
COMMISSIONER

October 9, 2019

Ms. Nikiel Winston, Executive Director - CEO
Healthy Life Sports Camp
1922 Pendleton Street
Memphis, Tennessee 38114-4954

Notice of payment due to findings disclosed in the monitoring report for the Summer Food Service Program (SFSP)

Institution Name:	Healthy Life Sports Camp
Institution Address:	1922 Pendleton Street Memphis, Tennessee 38114-4954
Agreement Numbers:	00715
Amount Due:	\$697.16
Due Date:	November 12, 2019

Please remit a check or money order payable to the **Tennessee Department of Human Services** in the amount noted above by the due date to:

Fiscal Services
James K. Polk Building, 16th Floor
505 Deaderick Street
Nashville, Tennessee 37243
Tennessee Department of Human Services

If you have any questions regarding this notice, please feel free to contact Allette Vayda, Director of Operations at (615) 313-3769 or Allette.Vayda@tn.gov.

Thank you for your attention



Corrective Action Plan for Monitoring Findings

Instructions: Please print in ink or type the information to complete this document. Enter the date of birth for each Responsible Principal and/or Individual in Section B. Attach the additional documentation requested. Enter your name, title and date of signature on the last page. Please sign your name in ink. **Please return ALL pages of the completed Corrective Action Plan form.**

Section A. Institution Information

Name of Sponsor/Agency/Site: Healthy Life Sports Camp	Agreement No. 00715	<input checked="" type="checkbox"/> SFSP <input type="checkbox"/> CACFP
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Mailing Address: 1922 Pendleton Street Memphis, Tennessee 38114-4954

Section B. Responsible Principal(s) and/or Individual(s)

Name and Title: Ms. Nikiel Winston, Executive Director - CEO	Date of Birth: / /
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Section C. Dates of Issuance of Monitoring Report/Corrective Action Plan

Monitoring Report: 10/9/2019	Corrective Action Plan: 10/9/2019
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Section D. Findings

Findings:

1. The Sponsor reported the number of meals served incorrectly
2. The Sponsor the number of supper meal claimed incorrectly
3. The Sponsor provided menus that did not meet the USDA meal pattern requirements
4. The Sponsor's meal count sheets did not reconcile to the meal delivery tickets
5. The Sponsor did not conduct monitoring of its feeding sites as required
6. The Sponsor did not complete the Racial and Ethnic Data for several feeding sites
7. The Sponsor did not take the opportunity to avoid paying sales tax
8. The Sponsor's menu did not specify some of the components served
9. The number of operational days reported was incorrect
10. The Sponsor did not maintain required documentation of SFSP training
11. The Sponsor did not provide documentation of the inventory records

The following measures will be completed within **30 calendar days** of my institution's receipt of this corrective action plan:

Measure No. 1: The Sponsor reported the number of meals served incorrectly

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name:

Position Title:

Name:

Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

Where will the Corrective Action Plan documentation be retained? Please identify below:

How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

Measure No.2: The Sponsor the number of supper meal claimed incorrectly

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name:

Position Title:

Name:

Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

Where will the Corrective Action Plan documentation be retained? Please identify below:

How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

Measure No. 3: The Sponsor provided menus that did not meet the USDA meal pattern requirements

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name: _____ Position Title: _____

Name: _____ Position Title: _____

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

Where will the Corrective Action Plan documentation be retained? Please identify below:

How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

Measure No. 4: The Sponsor’s meal count sheets did not reconcile to the meal delivery tickets

The finding will be fully and permanently corrected.
Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name: Position Title:

Name: Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

Where will the Corrective Action Plan documentation be retained? Please identify below:

How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

Measure No. 5: The Sponsor did no conduct monitoring of its feeding sites as required

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name:

Position Title:

Name:

Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

Where will the Corrective Action Plan documentation be retained? Please identify below:

How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

Measure No. 6: The Sponsor did not complete the Racial and Ethnic Data for several feeding sites

The finding will be fully and permanently corrected.
Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name:

Position Title:

Name:

Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

Where will the Corrective Action Plan documentation be retained? Please identify below:

How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

Measure No. 7: The Sponsor did not take the opportunity to avoid paying sales tax

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name:

Position Title:

Name:

Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

Where will the Corrective Action Plan documentation be retained? Please identify below:

How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

Measure No. 8: The Sponsor’s menu did not specify some of the components served

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name:

Position Title:

Name:

Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

Where will the Corrective Action Plan documentation be retained? Please identify below:

How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

Measure No. 9: The number of operational days reported was incorrect

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name: _____ Position Title: _____

Name: _____ Position Title: _____

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

Where will the Corrective Action Plan documentation be retained? Please identify below:

How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

Measure No. 10: The Sponsor did not maintain required documentation of SFSP training

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name:

Position Title:

Name:

Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

Where will the Corrective Action Plan documentation be retained? Please identify below:

How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

Measure No. 11: The Sponsor did not provide documentation of the inventory records

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name:

Position Title:

Name:

Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

Where will the Corrective Action Plan documentation be retained? Please identify below:

How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

I certify by my signature below that I am authorized by the institution to sign this document. As an authorized representative of the institution, I fully understand the corrective measures identified above and agree to fully

implement these measures within the required time frame. I also understand that failure to fully and permanently correct the findings in my institution's CACFP or SFSP will result in its termination from the program, and the placement of the institution and its responsible principals on the National Disqualified List maintained by the U.S. Department of Agriculture.

Printed Name of Authorized Institution Official:

Position:

Signature of Authorized Institution Official: _____

Date: / /

Signature of Authorized TDHS Official: _____

Date: / /

SUMMER FOOD SERVICE PROGRAM SPONSOR APPEAL PROCEDURES

7 C.F.R. § 225.13 governs appeals in the Summer Food Service Program and the maximum time limit for processing appeals is nineteen (19) calendar days for the Summer Food Service Program as follows:

1. The Department shall notify the appellant (Sponsor) in writing of the grounds upon which the Department has based the action. The Department's notice of action shall be sent by certified mail, return receipt requested, and shall also state that the sponsor or food service management company has the right to appeal the Department's action.
2. Appealable actions are outlined in 7 C.F.R. § 225.13(a) and are: A denial of an application for participation; a denial of a sponsor's request for an advance payment; a denial of a sponsor's claim for reimbursement (except for late submission under 7 CFR § 225.9(d)(6)); the Department's refusal to forward to FNS an exception request by the sponsor for payment of a late claim or a request for an upward adjustment to a claim, a claim against a sponsor for remittance of a payment, the termination of the sponsor or a site, a denial of a sponsor's application for a site, a denial of a food service management company's application for a site; of a food service management company's registration, if applicable.
3. The time period allowed for filing the appeal where actions are appealable as specified in 7 C.F.R. § 225.13(a) is ten (10) calendar days from the date on which the notice of action sent by certified mail return receipt requested is received.
4. The appeal must be in writing and must conform to the requirements outlined in 7 C.F.R. § 225.13(b) (4), which are set forth in number (6) below.
5. The address to file an appeal is as follows:

**Tennessee Department of Human Services
Appeals and Hearings Division, Clerk's Office
P.O. Box 198996
Nashville, TN 37219-8996
Toll Free. (866) 757-8209
Local (615) 744-3900
Fax. (866) 355-6136
AppealsClerksOffice.DHS@tn.gov**

6. The appellant is allowed to refute the charges in the notice of action in person, or by filing written documentation with the review official. If the appeal letter does not specifically request a hearing, a review of written documentation in lieu of a hearing will occur. To be considered, written documentation must be submitted by the appellant within seven (7) calendar days of submitting the appeal. An appellant is allowed the

opportunity to review information upon which the action described in the notice of action was based.

7. If the appellant requested a hearing in the appeal letter, the appellant shall be given at least five (5) calendar days advance written notice by certified mail, return receipt requested, of the date, time, and place of hearing.
8. If the appellant requested a hearing in the appeal letter, the hearing will be conducted within fourteen (14) calendar days of the receipt of the appeal. However, the hearing will not be held before the appellant's written documentation is received where the appellant has requested to submit the written documentation. The appellant may retain legal counsel or may be represented by another person. If the appellant institution or sponsoring agency is a corporation, partnership or other legally created entity, then the sponsoring institution or agency must be represented by an attorney. Otherwise, the individual representing the agency will have limited participation in the hearing. If the appellant institution or sponsoring agency is a natural person (not a corporation, partnership or other artificial entity), he/she may retain an attorney, represent themselves or be represented by another person. Failure of the appellant's representative to appear at a scheduled hearing shall constitute the appellant's waiver of the right to a personal appearance before the review official, unless the review official agrees to reschedule the hearing. A representative of the State agency shall be allowed to attend the hearing to respond to the appellant's testimony and written information and to answer questions from the review official. The review officer shall be independent of the original decision-making process.
9. Within five (5) working days after receiving the written documentation, and where a hearing was not requested in the appeal letter, the administrative review official, based on a full review of the administrative record, will inform the appellant, by certified mail, return receipt requested, of the official's determination.
10. Within five (5) working days after the hearing has been held, when a hearing was requested in the appeal letter, the hearing official, based on a full review of the administrative record, will inform the appellant, by certified mail, return receipt requested, of the official's determination.
11. 7 CFR. § 225.13(11) requires the Program's administrative action to remain in effect during the appeal process.
12. Participating sponsors and sites may continue to operate during an appeal of a termination.
13. Reimbursement shall be paid for meals served during the appeal process if the administrative review determination overturns the Program's administrative action that was appealed.

14. If the sponsor or site has been terminated for the reason of imminent dangers to the health or welfare of children, the operation shall not be allowed to continue during the appeal process and this reason shall be specified in the notice of action.
15. The review official will make a determination based on information provided by the State agency and the appellant, and on Program regulations.
16. The determination made by the hearing official is the final administrative determination provided under 7 225.13(12), and will become the Final Order and set forth the time limits for seeking judicial review.